

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 10.9
TITLE: REFRACTIVE KERATOPLASTY

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(g)(15)

TRICARE POLICY MANUAL: Chapter 3, Section 16.3

I. EFFECTIVE DATE

April 25, 1988

II. PROCEDURE CODE(S)

65760, 65765, 65767, 65771 and 65772

III. DESCRIPTION

A. Refractive keratoplasty is a generic term which includes all surgical procedures on the cornea to improve vision by changing the refraction.

B. Radial keratotomy (CPT code 65771) is a surgical procedure used in the treatment of myopia (nearsightedness) in which sixteen (16) radial incision are made into the corneal tissues (see [Chapter 2, Section 10.8](#), *Radial Keratotomy*).

C. Epikeratophakia (CPT code 65765) or epikeratoplasty (CPT code 65767) is a surgical procedure which involves the removal of the corneal epithelium from the recipient eye and the suturing of a prelathed donor corneal graft onto the surface of the recipient cornea.

D. Keratomileusis (CPT code 65760) involves several procedures. A lamellar keratectomy is performed on the cornea, the resected tissue is modified on the cryolathe, and the carved disk (lenticule) is then sutured onto the patient's cornea.

E. Keratoconus is a noninflammatory, usually bilateral protrusion of the cornea, apex being displaced downward and nasally. It occurs most commonly in females at about puberty. The cause is unknown, but hereditary factors may play a role.

F. Pterygium is a pink, triangular bit of pale tissue extending medially from the nasal border of the cornea to the inner canthus to the eye.

IV. POLICY

A. Epikeratophakia is used in the treatment of the cornea, keratoconus, and pterygium. Its use for treatment of these conditions is well accepted and can be covered. When used for these indications it is not considered a refractive surgery, but rather a variant of the lamellar keratoplasty.

B. For information regarding corneal relaxing incision (CPT code 65772) following corneal transplants, (see [Chapter 2, Section 31.9](#), *Corneal Transplantation*).

V. EXCLUSIONS

Refractive keratoplasty procedures which include, but are not limited to, radial keratotomy, keratomileusis and epikeratophakia.

END OF POLICY